

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: KERSCHBAUMER and SCHEIFLINGERApplication No./Patent No.: 10/661,366 Filed/Issue Date: September 12, 2003Entitled: FACTOR IXA SPECIFIC ANTIBODIES DISPLAYING FACTOR VIIIA LIKE ACTIVITY

Baxter Healthcare S.A., a corporation  
 (Name of Assignee) (Type of Assignee: corporation, partnership, university, government agency, etc.)

states that it is:

1. the joint assignee of an undivided portion of the entire right, title, and interest; or
2. an assignee of less than the entire right, title and interest.  
 (The extent (by percentage) of its ownership interest is \_\_\_\_%)

in the patent application/patent identified above by virtue of either:

A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 015002, Frame 0512, or a true copy of the original assignment is attached.

**OR**

B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

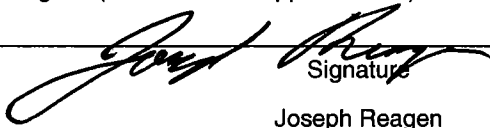
1. From: \_\_\_\_\_ To : \_\_\_\_\_  
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 Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To : \_\_\_\_\_  
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3. From: \_\_\_\_\_ To : \_\_\_\_\_  
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Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

  
 \_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Joseph Reagen  
 Printed or Typed Name  
 \_\_\_\_\_  
 Additional Authorized Representative  
 \_\_\_\_\_  
 Title

8/10/07  
 \_\_\_\_\_  
 Date  
 \_\_\_\_\_  
 847 948 3315  
 Telephone Number